



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

COUNTRY PLACE CHIROPRACTIC
1801 COUNTRY PLACE PARKWAY
PEARLAND TEXAS 77584

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

HARRIS COUNTY

Carrier's Austin Representative Box

Box Number 21

MFDR Tracking Number

M4-11-2614-01

MFDR Date Received

March 21, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I was not given information to call and get precertification for visits on patient. I followed up on claims on 12/16/10 and that is when Charles mentioned to me that pre authorization for visits is required and he said he will look over notes to see if they will cover additional visits. One 1/19/11 I contacted Charles again and that is when I was told that claims were denied because we never called to get authorization for visits and then he gave me the telephone number of preauthorization and Billing to see if anything can be done. I then contacted Kim in billing and she said it is my responsibility to ask for the preauthorization number if it is not given to me and when I call Charles he has the number on his voicemail. Based on the above information that was provided to me by Charles Chauffe, Dr. Thomas Artinian went ahead and examined and treated this patient with what has now been denied payment for dates of service 11/24/10, 11/29/10, 12/1/10, 12/6/10, 12/8/10, & 12/14/10."

Amount in Dispute: \$999.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider did not indicate to the adjuster what treatment was intended. The provider proceeded to administer physical therapy treatment without obtaining preauthorization for same. Rule 134.600(p)(5) requires all physical and occupational therapy services to be authorized except for the first six visits following an examination when the treatment is rendered within the first two weeks from the date of injury or a surgical intervention previously preauthorized by the carrier. In the instant case, the date of injury is a month prior to the initial physical therapy service rendered and the claimant did not have surgical intervention. Since the disputed dates of service were more than two weeks from the date of injury and surgery was not performed, all physical therapy in this matter required preauthorization. The provider did not request authorization for any of the dates of service at issue, thus reimbursement was denied in accordance with the applicable rule."

Response Submitted by: Thornton, Biechlin, Segrato, Reynolds Y Guerra, L.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 24, 2010 through December 14, 2010	97140, 97112, 97035, 97110, 97032, 97010, 97012 and 98940	\$999.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the preauthorization, concurrent review and voluntary certification of healthcare guidelines.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated December 9, 2010

- 197A – Precertification/authorization/notification absent. “Pre-Authorization required under rule 134.600, but provider did not request.”

Explanation of benefits dated December 14, 2010

- 197A – Precertification/authorization/notification absent. “Pre-Authorization required under rule 134.600, but provider did not request.”
- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. “Per the Trailblazer Physical Medicine Guidelines code 97010 is bundled into the payment for all other services.”

Explanation of benefits dated December 16, 2010, December 20, 2010 and December 28, 2010

- 152E – Payment adjusted because the payer deems the information submitted does not support this length of service. “Submitted documentation does not justify continued use of current treatment plan.”
- 197A – Precertification/authorization/notification absent. “Pre-Authorization required under rule 134.600, but provider did not request.”

Explanation of benefits dated March 2, 2011

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 197A – Precertification/authorization/notification absent. “Pre-Authorization required under rule 134.600, but provider did not request.”
- 152E – Payment adjusted because the payer deems the information submitted does not support this length of service. “Submitted documentation does not justify continued use of current treatment plan.”

Issues

1. Did the requestor obtain preauthorization for the physical therapy services?
2. Did the requestor submit documentation to support the billing of CPT code 98940, rendered on December 6, 2010, December 8, 2010 and December 14, 2010?
3. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.600 “(p) Non-emergency health care requiring preauthorization includes... (5) physical and occupational therapy services...”
 - Review of the submitted documentation finds that preauthorization was not obtained for CPT codes 97140, 97112, 97035, 97110, 97032, 97010 and 97012 rendered on November 24, 2010 through December 14, 2010. As a result, reimbursement cannot be recommended for the physical therapy services.
2. Per 28 Texas Administrative Code §133.307 “(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (M) a copy of all applicable medical records related to the dates of service in dispute...”
 - The requestor did not include medical records with the DWC060 request for dates of service December 6, 2010, December 8, 2010 and December 14, 2010. The MFDR is unable to determine if the CPT code 98940 was rendered as billed.
3. Review of the submitted documentation finds that the requestor is not entitled to reimbursement for dates of service November 24, 2010 through December 14, 2010.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	_____ May 15, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.